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Attorney Doc 21994/0036	ket No.	1994/0	00036
First Named Inve	entor or Application Ide	entifier	Tetsuya KONDO et al.
Title	REPROD	UCING	RECORDING MEDIUM, APPARATUS AND PPARATUS THEREOF
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APPLICATION	ELEMENTS		ADDRESS TO:  Commissioner for Patents  Box Applications  Washington, D.C. 20231				
1.	[Total Page with below] wention ated Applications d sponsored R & D Appendix tion	s <b>[63</b> ]]	7. Microfiche Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies				
- Brief Description of the In			ACCOMPAN	YING APPLICA	TION PARTS		
- Detailed Description - Claim(s) - Abstract of the Disclosur  - Abstract of the Disclosur  - Drawing(s) (35 USC 113)  - Double of Declaration - Declaration	Total Page [Total Page [Total Page nal or copy] plication (37 CFR 1.6: nal with Box 16 com, IVENTOR(S) nt attached deleting ir or application, see 37	s [13]] 11. 12. 3(d)) 13. 14. oleted) 15.					
If a CONTINUING APPLICATION.	check appropriate bo	ox and supply the rec	uisite information hei	low and in a prelimin:	arv amendment or in an		
Application Data Sheet under 37 CFR § 1.76::  Continuation Divisional Continuation-in-part (CIP) of prior application No.  Prior application information: Examiner Group/Art Unit:  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is							
supplied under Box 4b, is considered a therein. The incorporation can only be	is being part of the di	isclosure of the acco	mpanying application	and is hereby incorp	orated by reference		
<u> </u>				The Submitted app			
Customer Number or Bar Code Label  (Insert Customer Number of Bar Code Label)  (Insert Customer Number of Bar Code Label)  (Insert Customer Number of Bar Code Label)							
NAME Connolly Bove Lodge & Hutz LLP							
<b>.</b>			Suite 800				
ADDRESS		1990 M Street, N.W.					
CITY	Washington	STATE	DC	ZIP CODE	20036-3425		
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229		

				ree Calculation	n and Trans	smittai				
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	NO. FILED	1 [		NO. EXTRA	RATE	FEE	OR	RATE	FEE	
TOTAL	6	minus	20	= 0	x9=	\$		x18=	\$0.00	
INDEP	1	minus	3	= 0	x42=	\$		x84=	\$0.00	
_ First Presentation, Multiple Dependent Claims +140=						\$		+280=	\$0.00	
Base Filing Fee						\$370			\$740.00	
Other Fee (specify purpose)					, 4,	\$			\$0.00	
TOTAL FILING	FOTAL FILING FEE* (accounting for possible small entity status)					\$	OR	TOTAL	\$740.00	

Ц	A check in the am	ount of \$ to cover the filing fee is enclosed
X	No payment is en	closed at this time. Full payment will be made when the executed Declaration is submitted.
	The Director is he copy of this sheet	ereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate is enclosed.
		Charge the amount of \$ as filing fee  Credit any overpayment.  Charge any additional filing fees required under 37 CFR § 1.16  Charge any additional filing fees required under 37 CFR § 1.17  If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

Name (Print/Type)	Morris Liss	Registration No. (Attorn	24,510		
Signature	Thorp. Nielsen)	Res.	Na 45,528	Date	December 28, 2001